

# Leisure Travel Application Form

**Allianz** 

Global Assistance

## Insured Person(s) Details

Title	First name	Surname	Date of birth
			/ /
			/ /
			/ /
			/ /

Note: Dependent children, under 21 years, named on the policy will not be charged a premium but will share the travelling insured person's policy limits.

## Postal Address and Contact Details

Street Number	PO Box / Street Address		
Suburb	City	Postcode	
Phone Number	Email Address		

### Policy Option

- Comprehensive  
 Essentials (available for travellers up to 70 years)

### Policy Type

- Selected Duration  
 Comprehensive Frequent Flyer (maximum 60 days any one journey)  
 Date Travel Starts / / Date Travel Ends / /

### Pre-existing medical conditions (Comprehensive only)

- Does anyone travelling on this policy have any Pre-existing medical conditions? (see definition in Medical Pre-assessment Guide – see overleaf)  
 Yes Complete Medical Pre-assessment Guide to check if a medical assessment is required  
 No

### Policy Extensions (Comprehensive only)

- Specified High Value Items (Policy Item Limit \$1500 and Special Item Limit (electronic equipment, video and camera equipment) \$2500)

Maximum Limit per item – Specified High Value items \$10,000

Maximum Total Limit – Specified High Value Items \$20,000

Personal Baggage Item	Present Day Value
	\$
	\$
	\$

Destinations	Number of days

- Private Hospital Care (Comprehensive only – for UK and Australia)

If you are travelling to more than 4 countries please use a general description eg Europe, North America

### Excess Options

- Nil excess (Comprehensive only)  
 \$100 excess  
 \$200 excess

### Declaration – Please read and sign this declaration:

• I confirm I am authorised to answer the questions in this declaration on behalf of the policy holder and additional travellers. • I understand and accept the terms, conditions, limits and exclusions of this policy as detailed in the Policy Wording. • I confirm that I have disclosed all Pre-existing Medical Conditions that are not automatically covered, whether or not cover is required for these conditions. • I understand that if I do not disclose details of Pre-existing Medical Conditions other than those automatically covered, then this may affect the availability of cover generally, even if I do not seek cover for the Pre-existing Medical Conditions. • I understand that cover for any Pre-existing Medical Conditions that are not automatically covered will only be provided if I receive written confirmation of acceptance from Allianz Global Assistance. If I am directed to complete an online medical assessment, I confirm that I will do so completely and truthfully. Failure to do so may affect the availability of cover generally, even if I do not seek cover for the Pre-existing Medical Conditions. • I agree to accept free or reduced cost health treatment where it is available under any reciprocal health agreement with the New Zealand Government. • I confirm this policy has been purchased in New Zealand before my journey has started. • I am not aware of any circumstances likely to affect my planned journey. • I have given all material information likely to affect the acceptance of my insurance. Material information includes facts that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium. This insurance is issued and managed by AWP Services New Zealand Limited trading as Allianz Global Assistance and underwritten by Allianz Australia Insurance Limited ABN 15 000 122 850 (Incorporated in Australia) trading as Allianz New Zealand. • I agree that Allianz Australia Insurance Limited and Allianz Global Assistance are authorised to give or obtain information from other parties, including other insurance companies and the Insurance Claims Register, relating to this insurance or any claims made under this insurance as further detailed in the Policy Wording.

Signature

Date



# Medical Pre-Assessment Guide

To determine if your Pre-existing medical conditions are automatically covered please assess the medical condition against the below questions. These answers can be added to your quote/policy:

### Important notes:

1. If you complete a medical assessment and cover is provided for any Pre-existing medical conditions which you suffer, an additional premium may be charged. You have the choice to opt out of this additional cover however please note this means no claim can be made for losses relating to any Pre-existing medical condition.
2. A medical assessment must be completed within 14 days of the date your policy or quote is issued.
3. No Pre-existing medical conditions are covered if you have purchased the Essentials Policy.

<p><b>A Pre-existing medical condition is defined in our travel Policy Wording as:</b></p> <ol style="list-style-type: none"> <li>1. Any physical defect, infirmity, existing or recurring illness, Injury or disability of which you, or the person due to whom you are claiming, are aware of; or</li> <li>2. Any medical condition for which you, or the person due to whom you are claiming have had or received a medical examination, consultation, treatment, investigation and/or medication in the 12 months prior to the date your policy is issued.</li> </ol>		
<p>Q1 If you answer yes to any of the below we are unable to offer travel insurance for your Journey</p> <ul style="list-style-type: none"> <li>• Has a registered medical practitioner advised you against travelling?</li> <li>• Are you travelling, or is one of the reasons you are travelling, to obtain medical treatment for any medical condition?</li> <li>• Do you have a medical condition that is terminal?</li> </ul>	<input type="radio"/> Yes We are unable to offer you a travel insurance policy	<input type="radio"/> No Go to Q2
<p>Q2 Have you had any medical condition diagnosed in the 12 months prior to the date your policy is issued?</p>	<input type="radio"/> Yes Please complete a medical assessment	<input type="radio"/> No Go to Q3
<p>Q3 Have you had a change in your medication or treatment in the 12 months prior to the date your policy is issued?</p>	<input type="radio"/> Yes Please complete a medical assessment	<input type="radio"/> No Go to Q4
<p>Q4 Is the condition on-going or chronic and has been treated at hospital in the 5 years prior to the date your policy is issued?</p>	<input type="radio"/> Yes Please complete a medical assessment	<input type="radio"/> No Go to Q5
<p>Q5 Have you had surgery or hospital treatment for any medical condition in the 12 months prior to the date your policy is issued?</p>	<input type="radio"/> Yes Please complete a medical assessment	<input type="radio"/> No Go to Q6
<p>Q6 Have you <u>ever</u> received treatment or advice (including medication) related to:</p> <ul style="list-style-type: none"> <li>• your heart (excluding hypertension);</li> <li>• your brain;</li> <li>• a transplanted organ (including stem cell transplants);</li> <li>• renal failure;</li> <li>• thinning of the bones (osteoporosis);</li> <li>• a lung condition (excluding asthma), due to which you are permanently limited by</li> </ul> <ul style="list-style-type: none"> <li>• shortness of breath or diagnosed as cystic fibrosis;</li> <li>• cancer;</li> <li>• an aneurysm, blood or lung clots (including stroke/TIA);</li> <li>• insulin dependent diabetes;</li> <li>• major allergic reactions;</li> <li>• back problems if you have had spinal surgery; and/or</li> <li>• surgery involving any joints.</li> </ul>	<input type="radio"/> Yes Please complete a medical assessment	<input type="radio"/> No Go to Q7
<p>Q7 If you answer yes to any of the below we are unable to cover the medical condition</p> <ul style="list-style-type: none"> <li>• Have you been diagnosed with a sexually transmitted disease(s), AIDS, HIV or related conditions?</li> <li>• Have you been diagnosed with any mental health conditions?</li> <li>• Is surgery planned or are you on a waiting list for treatment?</li> <li>• Is the condition involving ongoing and variable pain (including back pain) for which you are receiving regular treatment or medication?</li> <li>• Do you have any ongoing signs or symptoms for which you have sought medical advice and/or had investigations and not yet received a diagnosis?</li> </ul>	<input type="radio"/> Yes We are unable to provide cover for these Pre-existing medical conditions	<input type="radio"/> No  <p><b>If you have answered "No" to Questions 1-7 your medical condition is automatically covered under the Comprehensive policy</b></p>